

JCIC Meeting Minutes
January 16, 2008 10:00 a.m. – 12:00 p.m.
Kentucky Department for Mental Health and Mental Retardation Services
Held via Audio Conference Call

Attending Representatives:

Regional MH/MR Boards

Four Rivers: Terry Hudspeth
Ann Thurman
Pennyroyal: John Pyle
Wanda Hart
River Valley: Lisa Boehman-Kincheloe
Lifeskills: Art Stockton
Communicare: Vicky Heath
Seven Counties: Gerald Brazeau
Northkey: Carolyn Earls
Gary Goetz
Comprehend: Rick Jones
Allen Levay
Pathways: not attending
Mountain: Roy Conley
Walter Owens
Kentucky River: Darlene Dixon
Cumberland River: Kim Stewart
Miranda May
Adanta: Pam Foley
Cathy VanBruggen
Susan Wheeldon
Bluegrass: Tammy Nalle

KDMHMRS:

Mental Health / Substance Abuse:

Lou Kurtz
Anita Jennings
Sandy Silver
Lisa Walls

Mental Retardation:

Kedra Fitzpatrick

Administration & Financial Management:

Hope Barrett – Chairperson

Commissioner's Office:

not attending

RDMC (Research and Data Management):

Harry Hughes
Jeanne Sturgill

KARP: not attending

Introductions - Welcome

1. Review last meeting's minutes

2. Client/Event Data Set

2a. "Substance Abuse Prior Treatment Episodes" field.

Harry Hughes, RDMC, clarified the use of this field. Since this field is often blank, it is not part of completeness checks. Since it is a field required for TEDS submission, RDMC will continue to count SA clients having prior episodes in order to complete the TEDS submission file.

2b. Pregnant Women – client field no. 52. and

Women with Dependent Children – client field no. 54

KRCC requested that "NA" be removed as an option for this field and make the options only "yes" and "no".

Reason given for this suggestion are:

- For this region, the low denominator and number of errors cause "Completeness" failure. Currently the fields are determined "incomplete" if options 6, 7, or 8 are chosen and SA client is yes. The current edit on the fields is that the code must be valid and gender must be female; male is possible error.

Reasons given for not removing the NA as an option for these fields include:

- We will no longer be consistent with all the other SA fields and with most of the other client fields as well. Virtually all the other SA fields have a NA/Unknown/Not Collected option.

- We introduced the “NA/Unknown/Not Collected” options for all these fields so that a full range of information would be useful on this population. If the only choices the regions have for Pregnant Woman are “YES” or “NO”, then we are potentially losing some important information.
- If this one field is changed, we need to throw out our standard way of collecting data; it is probable that other fields will also be affected and lose information as well.
- There would no longer be a way to differentiate a “NO” value from the scenario where the centers truly don’t know whether or not the person is pregnant. If they don’t know, they would have to send “NO” which may or may not be correct.
- True, if the client is Male, then it would be safe for RDMC to assume that we can convert the “NO” value to N/A. But that assumes that the value submitted for Gender is correct. That could be a bad assumption.
- Other Centers may use the “N/A” option if that the client is not a SA client. So, what do we assume if the client is Female and is not a SA client yet a value of “NO” is recorded? Is it safe to assume the value is “SA”? If the person really is pregnant, we would be losing that information.

Department staff will consider the request and review the information gained from using these fields. Further discussion will occur at a later JCIC meeting.

52. Pregnant Women

Data field name - Pregnant_Women

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	182	182	No

Description: A **female** client in a **Substance Abuse program** who answers yes to the question "Are you pregnant?"

Valid Codes:

0	No
1	Yes
6	Not Applicable (used when client is Male or Female is NOT in SA program)
7	Unknown
8	Not Collected

Special Instructions:

1. Code 1 is eligible for payment against the substance abuse block grant set aside for pregnant women.
2. Applicable to all clients which have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.

	Error Condition	Error Action
<i>General Error:</i>	1. Invalid code	Error reported
<i>Possible Error:</i>	Code = 1 and Field 5 - Sex = 1 (Male) Code = 1 and Client NOT in SA program	Field set to 8 in database No change to database
<i>Completeness</i>	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex = 2 (female)	Counted against Completeness Standard

Update Frequency: At the time of Intake and after discovery of pregnancy. If the Code = 1 (Yes), it should be changed to Code = 0 (No) as soon as the client is no longer eligible for the SA Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

54. Women with Dependent Children

Data field name - Women_with_Dep_Children

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	189	189	No

Description: A female client in Substance Abuse program who answers yes to the question "Do you have one or more dependent children?"

Valid Codes:

0	No
1	Yes
6	Not Applicable (used when client is Male, or Female is NOT in SA program)
7	Unknown
8	Not Collected

Special Instructions:

1. Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
3. If not applicable, use Code = 6.

	Error Condition	Error Action
General Error:	1. Invalid code	Error reported
Possible Error:	Code = 1 and Field 5 - Sex = 1 (Male) Code = 1 and Client NOT in SA program	Field set to 8 in database No change to database
Completeness	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 - Sex = 2 (female)	Counted against Completeness Standard

Update Frequency: At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

3. Human Resources Data Set

none

4. Division-Specific Topics:

4a. Mental Health / Substance Abuse (MH/SA)

- **Peer Support Initiative**

Previously:

The definition for "Peer Specialist Services Adult Mental Health" listed below is taken out of the regulation currently being proposed for Medicaid. While this regulation is in review with expectation of it passing, the Department has begun conversations about how to capture the services provided by these Specialists via the Client/Event/HR data system.

This very definition was an agenda item at JCIC's last meeting (Nov 28, '07); it was proposed as a possible way to begin reporting the services provided by Peer Support Specialist (PSS); currently there is not a service designated for this in the Event data set. Some CMHCs are already capturing their services and since there isn't a designated PSS service code the services are being reported in unique ways.

During this JCIC discussion with the CMHC IT folks, some mentioned how/if they currently report either PSS services or PSS staff in the Client/Event/HR data sets to the Department. Gerald shared that SCS currently reports the PSS in the HR data set as "Rehabilitation Practitioner" under the taxonomy code "2254". This was quite helpful information since it helped us think about looking at all the services provided by staff with a particular HR code. If we looked at it that way, we could see any and all services provided by a PSS staff code/type. This is being considered.

Anita Jennings (Division for Mental Health and Substance Abuse Services) agreed to talk further with Department staff about collecting this information via the HR and Event data sets. The group decided to discuss the topic further at their next meeting (Jan 16, '07).). It is expected that a new code will be in place for the SFY 2009 data beginning July 1, 2008.

Follow Up:

Sandy Silver and Lou Kurtz , Division of Mental Health and Substance Abuse Services, gave an update on this initiative. The Department for Medicaid Services developed a pilot to implement the two services in two areas of Kentucky (CMHC Regions 1- Four Rivers and 6 – Seven Counties Services). By including the service codes in the 2009 Client data set, we will be gathering data to defend the need for a statewide program. The codes that will go into the Data Submission Guide are described below. Codes will be assigned and JCIC representatives will be notified as soon as possible.

Additionally, the Department has been awarded to assist in implementation of the services. As a result, Department staff will be traveling to regions offering on-site technical support and addressing issues of implementation. Such assistance is meant for meeting the needs of the CMHC; helps may include formulating job descriptions, drafting supervision guidelines, and reaching best use of staffing resources. For further information, Sandy Silver can be reached at Sandra.Silver@ky.gov and Lou Kurtz is at Louis.Kurtz@ky.gov. Both can be reached at (502) 564-4456.

XX - Peer Specialist Services Adult Mental Health – Individual

Unit of Service ¼ Hour

Definition: Services provided by a Kentucky Peer Specialist (as defined in 908 KAR 2:220) to assist adults with serious mental illness (SMI) in achieving specific recovery goals defined by the individual client (consumer) as specified in the Individual Service Plan (ISP), and provided under the direct supervision of a Qualified Mental Health Professional (QMHP). All treatment interventions are planned and implemented in a partnership that occurs between the mental health consumer and their community mental health center (CMHC) treatment team members. These services may include:

- a. face-to-face interventions on an individual basis to provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms.
- b. participation by the KPS, in partnership with the individual client, to formulate and review the comprehensive treatment plan.

XX - Peer Specialist Services Adult Mental Health – Group

Unit of Service ¼ Hour

Definition: Services provided by a Kentucky Peer Specialist (as defined in 908 KAR 2:220) to assist adults with serious mental illness (SMI) in achieving specific recovery goals defined by the individual client (consumer) as specified in the Individual Service Plan (ISP), and provided under the direct supervision of a Qualified Mental Health Professional (QMHP). All treatment interventions are planned and implemented in a partnership that occurs between the mental health consumer and their community mental health center (CMHC) treatment team members. These services may include:

- c. face-to-face interventions on a group basis to provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms.
- d. participation by the KPS, in partnership with the individual client, to formulate and review the comprehensive treatment plan.

4b. Mental Retardation (MR))

none

4c. Administration & Financial Management (A&FM)

none

5. New Items

Regarding Service “MH Non-Residential Crisis Response” Code 76:

It is noted that the group has agreed upon a change in the unit of service. Beginning FY2009, the Data Submission Guide will reflect the unit of service as ¼ hour; this is a change from “1-day” as drafted during its first year of data collection (FY2008).

6. Noon: Meeting Adjourned

Next Meeting Scheduled

- March 19, 2008

Face-to-face in Frankfort

SFY 2008 Meeting dates:

- May 28, 2008 – Conference Call – Audio only.
- July 16, 2008
- September 17, 2008
- November 19, 2008